

DEPARTMENT OF THE AIR FORCE 59TH MEDICAL WING (AETC) JOINT BASE SAN ANTONIO - LACKLAND TEXAS



8 MAY 2017

MEMORANDUM FOR SGO3D

ATTN: CAPT PATRICK NG

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

- Your paper, entitled <u>Sodium Azide Associated Acute Hyperkalemia in a Swine Model of Sodium Azide Toxicity</u> presented at/published to <u>SURF</u>, <u>San Antonio</u>, <u>TX</u>, <u>16 June 2017</u> in accordance with MDWI 41-108, has been approved and assigned local file #<u>17228</u>.
- 2. Pertinent biographic information (name of author(s) title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
- 3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist's Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.
- 4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC Director, Clinical Investigations & Research Support

PROCESSING OF PROFE	SSIONAL MEDICAL	RESEA	RCH/TECHNICAL	PUBLICATIO	NS/PRE	SENTATIONS
1. TO: CLINICAL RESEARCH 2. FROM:		ide, Office	Symbol)		TUDENT:	4. PROTOCOL NUMBER: FWH20150073A
	for review and approval.)					
Intravenous versus intramuscular cobi	namide compared to intr	avenous	saline (control) or h	rdroxocobalamin	n in the tre	eatment of acute, surviva
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7. FUNDING RECEIVED FOR THIS STUD	Y? X YES I NO FU	NDING S	ource:SG5 O&M			
8. DO YOU NEED FUNDING SUPPORT F			YES NO			
9. IS THIS MATERIAL CLASSIFIED?		Long	2			
10. IS THIS MATERIAL SUBJECT TO ANY AND DEVELOPMENT AGREEMENT (CRA	LEGAL RESTRICTIONS F DA), MATERIAL TRANSFE YES then attach a copy of the	R AGREE he Agreer	EMENT (MTA), INTELL	ECTUAL PROPER	RTY RIGHT	8 AGREEMENT ETC.?
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11a. PUBLICATION/JOURNAL (List						
11b. PUBLISHED ABSTRACT (List	ntended Journal.)					14
X 11c. POSTER (To be demonstrated SURF, San Antonio TX, June 16,		g, city, sta	ite, and date of meeting	r)		
11d. PLATFORM PRESENTATION	At civilian institutions: name	e of meeti	ng, state, and date of m	eting.)		
11e. OTHER (Describe: name of me	eting, city, state, and date o	of meeting)			
12. HAVE YOUR ATTACHED RESEARCH	TECHNICAL MATERIALS	BEEN PR	EVIOUSLY APPROVE	D TO BE PUBLIS	HED/PRES	ENTED?
¥YES □ NO ASSIGNED FILE#			ATE 27Feb2017			
13. EXPECTED DATE WHEN YOU WILL I NOTE: All publications/presentations a					ON TO DT	ic
DATE						
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14. 59 MDW PRIMARY POINT OF CONTA Ng, Patrick C. patrick.c.ns	CT (Last Name, First Name, mil@mail.mil	e, M.I., en	nali)		15. DUTY 201-336-	PHONE/PAGER NUMBER 4407
16. AUTHORSHIP AND CO-AUTHOR(S)	List in the order they will ap	pear in the	e manuscript.			
LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	8	QUADRON/GROUP/O	FFICE SYMBOL	INST	TTUTION (If not 59 MDW)
Primary/Corresponding Author Ng, Patrick C.	Capt	59th	EMDS/SGO3D			
b. Maddry, Joseph K.	Maj		9th EMD/SGOED			
c. Bebarta, Vikhyat S.	Civ	-	University of Colorado - Deq		ersity of Colorado - Dem	
d. Garrett, Normalynn	CTR	59th	9th MDW/ST			
e. Canellis, Kaysie	CTR		59th MDW/ST			
17. IS A 502 ISGUAC ETHICS REVIEW R			YES NO			
LCERTIEY ANY HUMAN OR ANIMAL RES	EARCH RELATED STUDIE	ES WERE	APPROVED AND PER	FORMED IN STR	HCT ACCO	RDANCE WITH 32 CFR
219, AFMAN 40-401_IP, AND 59 MDWI 41 ACCURATE MANUSCRIPT FOR PUBLICA	-108. I HAVE READ THE F TION AND/OR PRESENTA	FINAL VER	RSION OF THE ATTAC	HED MATERIAL	AND CERT	IFY THAT IT IS AN
18. AUTHOR'S PRINTED NAME, RANK, G Patrick C Ng	RADE		19. AUTHOR'S SIGNA NG PATRICK C. 1397530			20. DATE May 04, 2017
21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE William C. Terry, Program Analyst, GS13			22. APPROVING AUTHORITY'S SIGNATURE TERRYWILLIAM CHRS. 116086000		23. DATE May 04, 2017	

PROCESSING OF PROFES	SIONAL MEDICAL R	ESEARCH/TECHNICAL PUBLICATIONS/PRE	SENTATIONS		
1st ENDORSEMENT (59 MDW/8GVU Use C	Only)				
TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	24. DATE RECEIVED 5 May 2017	25. ASSIGNED PROCESSING REQUEST FILE 17228	NUMBER		
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28. AUTHOR CONTACTED FOR RECOMM	ENDED OR NECESSARY O	CHANGES: NO YES If yes, give date.	□ N/A		
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Sodium azide associated acute hyperkalemia in a swine model of sodium azide toxicity

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Background

Sodium azide (NaN3) poisonings are rare but extremely deadly. There is very little in the literature regarding the clinical course of sodium azide poisoning. Virtually all of the information comes from case studies and each of those describe hypokalemia hours after poisoning. Antidotes to cyanide have been used for sodium azide poisonings but have had limited success.

Objective

To describe the clinical course of sodium azide poisoning and develop novel treatments for toxicity.

Methods

Twenty swine (45-55 kg) were anesthetized, intubated, and instrumented with continuous femoral and pulmonary artery pressure monitoring. After stabilization, anesthesia was adjusted such that animals would spontaneous ventilate with an FiO2 of 0.21. Sodium azide, in concentrations ranging from 4 to 160 mg/mL, was infused at doses ranging from 0.8 to 10 mg/kg/min until apnea was confirmed for 1 minute by capnography. This rate was sustained for 1.5 minutes post apnea. Only doses at 10 mg/kg/min at concentrations of 160 mg/mL produced consistent apnea but not sustained apnea.

Methods cont.

Statistics: Repeated measures ANOVA was used to determine statistically significant changes among groups over time.

Results

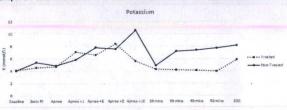
There were no significant differences in baseline vital signs, chemistries, or arterial blood gases including potassium (mean 4.1 mEg/L) and lactate (1.1 mmol/L) among the animals. Once the NaN3 infusion began, all pigs became hyperkalemic, acidotic and hypotensive. In pigs infused with the highest dose and concentration of NaN3 (n=14), significant hyperkalemia began at apnea (5.1 mmol/L) and continued to rise (mean 7.7 mmol/L) even after the infusion was discontinued. Swine not treated for hyperkalemia died. Those treated with insulin, dextrose 50%, and calcium survived, but demonstrated elevated T waves on electrocardiogram and continued acidosis (lactate mean 6.7 mmo/L).

Table 1. Vital Signs

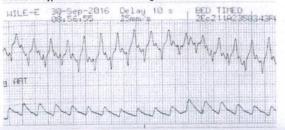
	Baseline	Apnea	End of Study
pH	7.460	7.403	7.423
pCO2	41.6	50.6	43.1
pO2	96.4	39.4	70.6
K+	4.1	4.8	6.8
Ca ²⁺	1.28	1.31	1.32
Lactate	1,1	1.5	10.5

Results Continued

Graph 1. Potassium trends over time in treated vs. non treated animals



igure 1. ST elevation in animal #8611. NaN3 started at 0850 and off at 0853. Treated for hyperkalemia at 0852. ST changes noted at 0856.



Limitations

Infusion, not inhalation model Animal model

Conclusions

NaN3-poisoned swine acutely develop hyperkalemia. We speculate that the hyperkalemia is due, in part, to the intracellular exchange of potassium ions for hydrogen ions in the face of metabolic acidosis. Pathology findings in the animals demonstrate that hyperkalemia is not caused by excessive muscle breakdown. Model development is ongoing.

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

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 - in Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication.
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If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

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